



KILLEEN PARKS & RECREATION

REGISTRATION FORM

KILLEEN COMMUNITY CENTER

2201 E. VETERANS MEMORIAL BLVD. , KILLEEN, TX 76541
 PHONE: 254-501-8889 FAX: 254-526-9210
 OFFICE HOURS: MON-FRI 8 AM – 5PM
 SUN: CLOSED

FAMILY RECREATION CENTER

1700-A E. STAN SCHLUETER LOOP , KILLEEN, TX 76542
 PHONE: 254-501-6391 FAX: 254-501-6388
 OFFICE HOURS: MON-FRI 5AM – 10PM; SAT 7AM – 8PM
 SUN: 12PM – 6PM

PLEASE CHECK ONE:

- ☐ Boys T-BALL (AGE 4)
 ☐ Boys' 6U COACH PITCH (AGES 5-6)
 ☐ Boys' 8U MACHINE PITCH (AGES 7-8)
- ☐ Boys' 10U MINOR LEAGUE BASEBALL (AGES 9-10)
 ☐ Boys' 12U MAJOR LEAGUE BASEBALL (AGES 11-12)
 ☐ Boys' 14U JUNIOR LEAGUE BASEBALL (AGES 13-14)

PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

MOTHER'S NAME

PRIMARY PHONE

SECONDARY PHONE

E-MAIL ADDRESS

FATHER'S NAME

PRIMARY PHONE

SECONDARY PHONE

E-MAIL ADDRESS

PLAYER'S INFORMATION (PLEASE PRINT)

FIRST NAME

MI

LAST NAME

STREET ADDRESS

CITY

ZIP CODE

DOES YOUR CHILD, LISTED ABOVE, HAVE A SIBLING THAT YOU WANT MATCHED ON THE SAME TEAM? ☐ YES ☐ NO

SIBLINGS' NAME: _____

SCHOOL INFORMATION (PLEASE PRINT)

WHICH HIGH SCHOOL	IS YOUR CHILD ZONED:	PREVIOUS PLAYING EXPERIENCE::	PITCHER AND/OR CATCHER?
SCHOOL NAME: _____	<input type="checkbox"/> ELLISON HS	<input type="checkbox"/> RECREATIONAL LEAGUE	<input type="checkbox"/> PITCHER
BIRTHDATE: _____	<input type="checkbox"/> HARKER HEIGHTS HS	<input type="checkbox"/> TRAVEL/SELECT BALL	<input type="checkbox"/> CATCHER
AGE: _____	<input type="checkbox"/> KILLEEN HS	<input type="checkbox"/> BOTH RECREATIONAL & SELECT	<input type="checkbox"/> BOTH
	<input type="checkbox"/> SHOEMAKER HS	<input type="checkbox"/> NONE	<input type="checkbox"/> NEITHER

BOYS' T-BALL, COACH PITCH, MACHINE PITCH, BASEBALL: MY SON'S AGE AS OF APRIL 30TH OF THE CURRENT CALENDAR YEAR WILL BE _____ YEARS OLD.

T-SHIRT SIZE: ☐ YOUTH SM ☐ YOUTH MD ☐ YOUTH LG ☐ ADULT SM ☐ ADULT MD ☐ ADULT LG ☐ ADULT XL

PANT SIZE: ☐ YOUTH SM ☐ YOUTH MD ☐ YOUTH LG ☐ ADULT SM ☐ ADULT MD ☐ ADULT LG ☐ ADULT XL

HAVING BEEN INFORMED OF THE ORGANIZATION OF THE CITY OF KILLEEN - KILLEEN PARKS & RECREATION TO PROVIDE SUPERVISED (ACTIVITY) GAMES FOR BOYS AND GIRLS, WE THE PARENTS/GUARDIANS OF THE ABOVE NAMED CANDIDATE, DO HEREBY GIVE OUR APPROVAL OF HIS/HER PARTICIPATION IN ANY AND ALL OF THE ACTIVITIES DURING THE CURRENT SEASON. WE DO ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES AND WE DO HEREBY **RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS** THE CITY OF KILLEEN – KILLEEN PARKS AND RECREATION, THE ORGANIZERS, SPONSORS AND SUPERVISORS AND/OR ALL OF THEM. IN CASE OF INJURY TO OUR CHILD, WE HEREBY WAIVE ALL CLAIM AGAINST THE ORGANIZERS, THE SPONSORS, OR ANY OF THE SUPERVISORS APPOINTED BY THEM. IN ADDITION, I WILL ABIDE BY THE RULES STATED IN THE LEAGUE BY-LAWS OF THE KILLEEN PARKS AND RECREATION DEPARTMENT.

PARENT/GUARDIAN'S SIGNATURE

DATE

REGISTRATION FEE: PLEASE WRITE PLAYER'S NAME ON YOUR CHECK OR MONEY ORDER. A \$5.00 HANDLING CHARGE APPLIES ON ALL REFUNDS; REGISTRATION FEES ARE NOT REFUNDABLE AFTER KPR'S FIRST LEAGUE GAME.

OFFICE USE ONLY

LEAGUE: _____

DATE RECEIVED: _____

METHOD OF PAYMENT: _____

KPR STAFF INITIAL: _____